



PLAN APPLICATION FORM
ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT OF PUBLIC PROTECTION
OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405



BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces Today's Date: REV.11/2004

NAME OF PERSON SUBMITTING PLANS		Phone () - Ext		IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS: NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
BUSINESS & PROJECT NAME: (Or tenant name if multi-tenant building)					
PROJECT LOCATION:		NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes) CITY		STATE KY ZIP CODE -	
PROJECT LOCATED WITHIN CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No COUNTY					
OWNER (INDIVIDUAL & COMPANY)		PHONE () - Ext			
MAILING ADDRESS: NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
ARCHITECT (NAME & FIRM)		PHONE () - Ext			
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS: NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2002 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of Section 1621 (ARCHITECTURAL, MECHANICAL & ELECTRICAL COMPONENT SEISMIC DESIGN REQUIREMENTS) and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction.					
ENGINEER (NAME & FIRM)		PHONE () - Ext			
MAILING ADDRESS: NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
PROJECT CONTRACTOR		PHONE () - Ext			
MAILING ADDRESS: NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE					
BUILDING INFORMATION					
NUMBER OF BUILDINGS IN THIS SUBMITTAL:		USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other (please specify)			
BUILDING(S) IN THIS PROJECT IS / ARE:		<input type="checkbox"/> NEW FREESTANDING BUILDING <input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE <input type="checkbox"/> RENOVATION ONLY <input type="checkbox"/> RENOVATION & ADDITION			
TOTAL AREA IN NEW BLDG. OR ADDITION:		FT ²		NUMBER OF LEVELS (INCLUDING BASEMENT): BASEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL AREA IN EXISTING BLDG.:		FT ²		DATE CONSTRUCTION TO BEGIN: ESTIMATED COMPLETION DATE:	
TYPE OF PLAN SUBMITTALS					
BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)			SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		
BUILDING PLAN REVIEW (BCE)		PLUMBING PLAN REVIEW			
Full Building Review <input type="checkbox"/>		Plumbing Review ONLY <input type="checkbox"/>		Suppression System (Sprinkler, CO ² , Etc.) <input type="checkbox"/> Range Hood System <input type="checkbox"/>	
Expedited Site & Foundation Review <input type="checkbox"/>		Water Supply Review <input type="checkbox"/>		Alarm Systems <input type="checkbox"/> Fuel Tank <input type="checkbox"/>	
Expedited Tenant Fit-up Review <input type="checkbox"/>		Waste Water Review <input type="checkbox"/>		Boiler System <input type="checkbox"/> Elevator <input type="checkbox"/>	
Partial Evaluation (please specify) <input type="checkbox"/>		Other (please specify) <input type="checkbox"/>		Bleacher Seating <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Prefabricated Truss <input type="checkbox"/>	
SUBMIT ONLY ONE SET FOR BCE		SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE			
THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)					
DESIGN CAPACITY OF BUILDING:		NO. OF MALES NO. OF FEMALES		ARE RESTROOMS ACCESSIBLE TO PUBLIC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SEWAGE DISPOSAL:		TYPE: <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> Private		ARE RESTROOMS ACCESSIBLE TO DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WATER SUPPLY:		<input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> PUBLIC <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> PUBLIC <input type="checkbox"/> STREAM			
IF PRIVATE, INDICATE THE TYPE AND THE DESIGN:					
BY WHOM: NAME TITLE REGISTRATION NUMBER					

THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)	
REVIEWED BY:	
NAME	
TITLE	DATE
APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)	

THIS AREA FOR OFFICE USE ONLY

